

Poplar Hospital Trauma Transfer Process Chart Review Summary

May 2007 through December 2009

- Poplar Hospital is a Level IV Trauma Receiving Facility dependent on fixed wing transport teams due to geographic location
- According to ATLS 'Transfer to Definitive Care' guidelines: initiation of the transfer process to a definitive facility should begin while resuscitative efforts are in progress and should not be delayed for diagnostic procedures that do not change the immediate plan of care.

QI Focus

- Expedite trauma patient transfer to definitive care, by decreasing length of stay in Poplar ER.
- The provider making the initial telephone call to the receiving provider within the first hour of care.

Chart Review Criteria

	8 Months 2007	2008	2009
Provider delay			1
No accepting MT physician	1	1	1
No MT Flight Team available *due to weather		1 2*	3
Flight Team call made:			
*prior to pt. arrival	1	0	2
*<1 hr. of arrival	2	4	1
*>1 hr. of arrival	3	5	2
Failed treatment requiring transfer			1
Billings Facility on Divert	2	2	
Multiple calls to get accepting facility/provider	1 1	1 2	1 2
Multiple calls to get a flight team			
Charts reviewed	12	26	14

QI Transfer Notes

2007

Billings on divert – patients went to Bismarck and Williston, ND

No MT Pediatric Neurosurgeon – patient went to Minot, ND

(transport teams: Stat Air, Med Flight, NEMHS ambulance ground transport)

2008

Burn patient to Salt Lake City, Utah

No accepting provider – patient sent to Denver

Billings Clinic accepted then realized they were on divert / St. V's accepted but no flight team available and Billings Clinic flight team on a flight.

(transport teams: Stat Air, Great Falls Mercy Flight, Salt Lake City, Med Flight)

QI Transfer Notes

2009

Sent to Billings Clinic because no orthopedic provider in surrounding hospitals willing to take patient

Multiple PI in MVC: 1 Child to Denver Children's Hospital, 1 Child delayed transfer due to low priority and all flight teams busy.

NEMHS ground transport to Williston to meet Minot ground transport
Stat Air not available, Med Flight not available, Bismarck flight team called to transport to Billings.

MVC, all MT Flight Teams busy, Bismarck Flight Team transported to Billings.

(transport teams: Stat Air, Med Flight, Bismarck Flight Team, NEMHS ambulance, Minot ambulance)

Summary

- In 32 months, Poplar Hospital transferred 42+ trauma patients out to other facilities.
- Poplar Hospital has 1 contracted full time ER physician
- 10 contracted or casual relief locum tenum physicians, nurse practitioners, and physician assistants covering our ER.
- All providers are current in ATLS

What have we done with the information?

- Every QI is posted in provider on-call room / in the nursing staff trauma education book / given to trauma committee for review / and annually to the hospital board.
- Discussion with nursing and ER providers.
- Letters to ER providers
- Sent QI's to State Trauma Coordinator
- Recently sent QI's to Billings Clinic Trauma Coordinator
- Trauma forms have gone through a metamorphosis process

Problems

- ER providers working 5+ days every 1- 3 months.
- Getting the ER providers to read the information concerning the QI or any policy changes since they last worked at our facility.
- Added stress for the nurse dealing with care needs of the trauma patient, to have to remind or encourage provider to make the call within the hour of receiving the pt.
- Difficult for providers to make the call before knowing the extent of the injuries.

Plan

- A BIG laminated sign will be made and placed in the provider's room and trauma room.
- Continue monitoring charts for length of stay in our ER and time the transfer call was made.



According to ATLS 'Transfer to Definitive Care' guidelines, initiation of the transfer process to a definitive care facility should begin while resuscitative efforts are in progress and should not be delayed for diagnostic procedures that do not change the immediate plan of care.

To expedite the transfer process please (when at all possible) try to make the initial call to a receiving physician and flight team within the first hour of care. CT and other assessment results can be communicated to the receiving facility as they become available.